MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 13 1

CERTIFICATE OF DEATH

07962

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Das

(e) Length of stay in this community (yrs., mos., or days) 30 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Near Walkersville, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Mamie Alice Barrick

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~: Married

6 (b) Name of husband or ~~wife~~: William D. Barrick

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) February 23, 1881

8. AGE: Years 58 | Months 5 | Days 7 | If less than one day: _____ hr. _____ min.

9. Birthplace Frederick Co, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Martin Hoke
13. Birthplace Adams Co., Penna.

MOTHER
14. Maiden Name Amanda Strayer
15. Birthplace York Co., Penna.

16 (a) Informant Mr. William D. Barrick
(b) Address Nr. Walkersville, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. 13, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Glade Cemetery
Location Near Walkersville, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 12-Aug-39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 10 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Aug 10 1939, and that I last saw ~~him~~ alive on Aug 9 1939.

Immediate cause of death	Duration
Cardio-Vascular-renal disease	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature _____ M. D. or other

Address Walkersville, Md Date signed Aug 12, 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (80)

Reg. Dist. No. 131

07963

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Weeks

(e) Length of stay in this community (yrs., mos., or days) 60 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 20 E. 4th St
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Franklin Bell

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-5462

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of ~~husband or~~ wife Carrie C. Bell

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 13/79

8. AGE: Years 60 | Months 1 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Auto Mechanic

11. Industry or business Automobile

FATHER
12. Name Charles A. Bell
13. Birthplace Fred'k Co. Md.

MOTHER
14. Maiden Name Louise Stultz
15. Birthplace Frederick Co Md.

16 (a) Informant Mrs. Geo. F. Bell
(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 22/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) 21-Aug 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 8/19 1939, at 1:45 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1938, to 8/19 1939, and that I last saw him alive on 8/19 1939.

Immediate cause of death arterio sclerotic ~~card~~ myocardial degeneration — Duration ?

Due to arterio sclerosis — ?

Due to — ?

Other conditions Tabes Dorsalis, Chronic cystitis — Twenty

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy arterio sclerotic myocardial degeneration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S R Schoolman M.D.
M. D. or other

Address 5 W. 2nd St Date signed 8/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

07964

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town Sanatorium. Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium. Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 26 Da

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett,

(c) City or town Oakland
(If outside city or town limits, write RURAL and give town)

(d) Street No. Route # 2
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Cleo V. Biser

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank B. Biser

6. (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) July 9 1912

8. AGE: Years 27 | Months 1 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Brooksed, Preston Co W. Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name David F. Martin

13. Birthplace Garrett. Co. Md.

MOTHER

14. Maiden Name Amy Rumer

15. Birthplace Preston Co. W.Va.

16 (a) Informant Cleo V. Biser

(b) Address Oakland. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory Unknown

Location Oakland. Md.

18 (a) Funeral director M. L. Creager

(b) Address Thurmont. Md.

19 (a) 8/16/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death August 16 1939, at 12.30 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1939, to Aug 16 1939 and that I last saw her alive on Aug. 15 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5 Mos.
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium Date signed 8/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

07965

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town Sanatorium, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 16Da

(e) Length of stay in this community (yrs., mos., or days) same.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico.

(c) City or town Salisbury.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 620 E. Williams.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Elmo P. Butler

3 (b) If veteran, name war

3 (c) Social Security No. 220-10-9797

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Margaret Butler.

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Dec. 23 1913

8. **AGE:** Years 25 | Months 7 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Crisfield, Somerset Co. Md.
(Town, county, and state)

10. Usual occupation Mill-Worker

11. Industry or business

FATHER

12. Name Gordon Butler

13. Birthplace Somerset. Co. Md,

MOTHER

14. Maiden Name Ranthea A. Parker

15. Birthplace Somerset Co. Md.

16 (a) Informant Elmo P. Butler

(b) Address Salisbury. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25 1939 (month) (day) (year)

(c) Cemetery or crematory St. Paul, Cem.

Location Crisfield. Md.

18 (a) Funeral director Hollaway Bros.

(b) Address Salisbury, Md.

19 (a) 8/24/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 22 19 39 at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 19 39, to Aug. 22 19 39, and that I last saw him alive on Aug. 22 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	4Mos.
Due to Tubercle Bacilli	
Due to Tuberculous Stomatitis	
Tuberculous Tonsillitis	
Other conditions Tuberculous Pharyngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Stewart L. Shaffer M.D.
M. D. or other

Address State Sanatorium md. Date signed 8/22/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07966

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 dys

(e) Length of stay in this community (yrs., mos., or days) 29 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 129 W. Second (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME John Wesley Milton Creager

3 (b) If veteran, name war None

3 (c) Social Security No. 214-10-2762

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~ Married

6 (b) Name of husband or wife Anna K. Creager

6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Aug 20 1910

8. AGE: Years 29 Months 0 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md (Town, county, and state).

10. Usual occupation Clerk

11. Industry or business Grocery Store

FATHER

12. Name John Wesley Creager

13. Birthplace Frederick Co. Md

MOTHER

14. Maiden Name Elsie M. Lighton

15. Birthplace Frederick Co. Md

16 (a) Informant Mrs Anna K. Creager

(b) Address Frederick Md

17 (a) Burial (Burial, ~~cremation, or~~ removal) (b) Date thereof Aug 26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Baltimore Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md

19 (a) 25-Aug-'39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 8/23 1939, at 3:15 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11 1939, to 8/23 1939, and that I last saw him alive on 8/23 1939.

Immediate cause of death	Duration
Cerebral abcess (cerebral abcess)	1 week
Due to Septicemia - streptococcus hemolytic	5 weeks
Due to S. streptococcus tonsillitis	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cerebral abcess left

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature I R Schoolman M.D. M. D. or other

Address 5 W. 2nd St Date signed 8/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 131

07967

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 202 Dill Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 202 Dill Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Vivalis Derr

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife Zelma Haines Derr

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct. 2-1882

8. AGE: Years 56 | Months 10 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick (Town, county, and state)

10. Usual occupation Foreman of machines

11. Industry or business Ox Fibre Brush Co.

FATHER
12. Name Albert J. Derr
13. Birthplace Lewistown, Md.

MOTHER
14. Maiden Name Mary C. Nusz
15. Birthplace Frederick, Md.

16 (a) Informant Mrs. Zelma Haines Derr

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. 14-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick Md.

19 (a) 12-Aug 3 (Date rec'd by registrar) (b) J. M. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 11 1939, at 2:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1933, to Aug 11 1939, and that I last saw him alive on Aug 10 1939.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 7 yrs F

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Kromer M. D. or other

Address Frederick, Md Date signed 8/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mr. B. A. Thomas

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

07968

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 27 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 160 W. Saints St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mabel Dixon

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: female

5. Color or race: Colored

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ Barker Dixon

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1897

8. AGE: Years 42 | Months 9 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick md. (Town, county, and state)

10. Usual occupation ~~Homestead~~ House wife

11. Industry or business Own home

FATHER
12. Name John Hall
13. Birthplace Maryland.

MOTHER
14. Maiden Name Daisy Williams
15. Birthplace Maryland

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital Fred md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/29/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fairview

Location Frederick, Maryland

18 (a) Funeral director M. R. Atchison & Son

(b) Address Frederick, Md.

19 (a) 28-Aug 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death August 27 1939, at 5 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1939, to August 27 1939 and that I last saw ~~him~~ her alive on August 27 1939.

Immediate cause of death: Carcinomia of Stomach — Duration: 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 8/28/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07969

(173)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 135

Village or City Myersville, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Dewey Grafton Draper If U. S. Veteran, specify WAR

(a) Residence: No. Myersville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Leona Draper

6. DATE OF BIRTH (month, day, and year): July 20, 1898

7. AGE: Years 41 | Months — | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: WPA Worker - Truck Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): Aug 1939

11. Total time (years) spent in this occupation: 2 yr WPA

12. BIRTHPLACE (city or town) (State or country): Frederick County

FATHER

13. NAME: Somerset N. Draper

14. BIRTHPLACE (city or town) (State or country): Frederick County

MOTHER

15. MAIDEN NAME: Amanda Himes

16. BIRTHPLACE (city or town) (State or country): Frederick County

17. INFORMANT (Address): Norman Draper Myersville Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Garfield Date: Aug. 9, 1939

19. UNDERTAKER (Address): Gladhill Co., Middletown, Md

20. FILED: Aug. 9, 1939 Charles L. Leatherman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ ___, 19___, to ___, 19___

I last saw h. 1 M ~~alive on~~ dead Aug 7, 1959; death is seld to have occurred on the date stated above, at 6:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gun shot wound of left chest.

Date of onset

Other Contributory Causes of importance:

Laceration of lungs & heart due to shot wound.

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 8.7, 1939

Where did injury occur? Near Wolfsville, Frederick Co (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: shot gun wound

Nature of injury: Gun wound left Chest.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. W. Barr M. D.

(Address) Frederick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07970

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Minutes
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 Motter Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Boy Dutrow

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 23, 1939

8. **AGE:** Years: 0 Months: 0 Days: 0 If less than one day ____ hr. ____ min.

9. Birthplace Frederick City Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Harold M. Dutrow
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Dora Long
15. Birthplace Frederick County Maryland

16 (a) Informant Mr. Harold M. Dutrow
(b) Address 737 Motter Ave., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/24/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 23-Aug 39 (Date rec'd by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death August 23, 1939 at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22. 1939; to Aug. 23 1939; and that I last saw him alive on Still born.

Immediate cause of death Toxemia — Duration 12 hours

Due to Eclampsia mother

Due to Acute nephritis mother

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** [signature] M. D. or other

Address Frederick, Md. Date signed 8-23-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

07971

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick.

(b) City or town Sanatorium, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Mos 8Days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Prince George

(c) City or town Brown Sta. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John. W. Duvall Jr.

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 1905

8. AGE: Years 34 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Prince George Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name John W Duvall

13. Birthplace Maryland.

MOTHER

14. Maiden Name Augusta Boswell

15. Birthplace Prince George Co Md.

16 (a) Informant John W Duvall Jr.

(b) Address Brown Sta. P.G.Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28th 1939 (month) (day) (year)

(c) Cemetery or crematory

Location Upper Marlboro Md

18 (a) Funeral director M L Cramer Jr

(b) Address Chinnor Md

19 (a) 8/26/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death August 26 1939, at 5.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1939, to Aug. 26 1939, and that I last saw him alive on Aug 25 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6Mos.
Due to Tubercle Bacilli	
Due to	
Other conditions Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium Md. Date signed 8/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07972

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town Sanatorium, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Mo 27Da

(e) Length of stay in this community (yrs., mos., or days) same.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington.

(c) City or town Hagerstown.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 751 S. Potomac.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Harry Lee Fishack

3 (b) If veteran, name war

3 (c) Social Security No. 214-09 3696

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1875

8. AGE: Years 64 | Months 2 | Days 28 | If less than one day _____hr. _____min.

9. Birthplace Boonesboro, Washington Co, Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Joseph P. Fishack

FATHER 13. Birthplace Washington Co. Md.

MOTHER 14. Maiden Name Jennie Roby

MOTHER 15. Birthplace W. Va.

16 (a) Informant Harry Lee Fishack

(b) Address Hagerstown. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27 1939 (month) (day) (year)

(c) Cemetery or crematory Rosehill Cem.

Location Hagerstown. Md.

18 (a) Funeral director Andrew Coffman.

(b) Address Hagerstown. Md.

19 (a) 8/25/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 25 1939, at 8.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 28 1939, to Aug. 25 1939 and that I last saw him alive on Aug. 24 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	11Mos
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium Md. Date signed 8/25/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 5 1939
BUREAU V. S.

07973

STATE OF MARYLAND—CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

County Frederick Registration Dist. No. ~~15~~ 144

Village or City Thurmont No. ~~—~~ St., ~~—~~ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 63 yrs. ~~—~~ mos. ~~—~~ ds. How long in U. S. if of foreign birth? ~~—~~ yrs. ~~—~~ mos. ~~—~~ ds.

2. FULL NAME Gilbert Parker Fleagel If U. S. Veteran, specify WAR ~~—~~

(a) Residence: No. ~~—~~ Lansmont St., ~~—~~ Ward. ~~—~~

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Mal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Fleagel

6. DATE OF BIRTH (month, day, and year) Jany 23 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ~~—~~ hrs. or ~~—~~ min.
	63	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Odd Work

10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) Thurmont (State or country) Frederick Co. Md

FATHER

13. NAME Henry Fleagel

14. BIRTHPLACE (city or town) Hanover. (State or country) Pa.

MOTHER

15. MAIDEN NAME Lilly Creager.

16. BIRTHPLACE (city or town) Thurmont (State or country) Md.

17. INFORMANT (Address) Mrs. Parker Fleagel Thurmont Md

18. BURIAL, CREMATION, OR REMOVAL Place Thurmont Date Aug 26, 1939

19. UNDERTAKER (Address) M. L. Creager, Son Thurmont Md.

20. FILED Aug 25, 1939 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) ~~28~~ 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1939 to Aug 23d, 1939

I last saw h~~im~~ alive on 8-26d, 1939; death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other Contributory Causes of importence: ~~Chronic~~ Asthma	1910

Name of operation ~~—~~ Date of ~~—~~

What test confirmed diagnosis? ~~—~~ Was there an autopsy? ~~—~~

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ~~—~~ Date of injury ~~—~~, 19~~—~~

Where did injury occur? ~~—~~ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ~~—~~

Neture of injury ~~—~~

24. Was disease or injury in eny way related to occupation of deceased? no

If so, specify ~~—~~

(Signed) Morris A. Bucy M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

07974

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 10 West Sixth St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 10 West Sixth St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Clinton Gibson

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 23, 1939

8. AGE: Years | Months 5 | Days 15 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Clinton Bell

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Eleanore Gibson

15. Birthplace Frederick County Maryland

16 (a) Informant Eleanore Gibson

(b) Address 10 W. 6th St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/10/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. John's Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 8-Aug 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death August 8th, 1939 at 2:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1939, to did not see patient after 1st visit, and that I last saw him alive on _____ 19__.

Immediate cause of death Bronchs Pneumonia — Duration 8 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr U. T. Bourne Jr. M. D. or other

Address Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07975

(48)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. 6-N. Maryland Ave. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rhoda May Grams If U. S. Veteran, specify WAR .....

(a) Residence: No. 6-N. Maryland Ave. St. 3 Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ellis Gilbert Grams

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1890

7. AGE Years 49 Months 5 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Sandy Hook, Md. (State or country) Washington, Co.

FATHER

13. NAME Thos. Addison Berry

14. BIRTHPLACE (city or town) Sandy Hook, Md. (State or country) Washington Co.

MOTHER

15. MAIDEN NAME Quinay May Horner

16. BIRTHPLACE (city or town) Burkittsville, Md. (State or country) Frederick Co.

17. INFORMANT Ellis Gilbert Grams (Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville, Md. Date Aug 4, 1939

19. UNDERTAKER Jesse S. Dailey (Address) Brunswick, Md.

20. FILED Aug 3, 1939 Mrs H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan, 1939, to Aug 1, 1939

I last saw her alive on Aug 1, 1939; death is said to have occurred on the date stated above, at 10 15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Barcinoma of Uterus	Jan 1939
Other Contributory Causes of Importance:	
Acute Nephritis	1 month

Name of operation none Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury ....., 19....

Where did injury occur? no (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thomas Strother M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-C

Reg. Dist. No. 131

07976

CERTIFICATE OF DEATH

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Sykesville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel N. Gregg

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, ~~married, widowed, or divorced.~~: Single
6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20-1872

8. AGE: Years 66 | Months 9 | Days 23 | If less than one day ____hr. ____min.

9. Birthplace Catonsville Maryland (Town, county, and state)
10. Usual occupation Clerical work
11. Industry or business Springfield Hospital

FATHER
12. Name John M. Gregg
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Bilson
15. Birthplace Maryland

16 (a) Informant Mrs. James Spurrier
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Baltimore Md.

18 (a) Funeral director W. M. Cook
(b) Address Baltimore, Md.

19 (a) 13-Aug 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 13 1939, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Aug 13 1939, and that I last saw him alive on Aug 12 1939.

	Duration
Immediate cause of death Coronary thrombosis	Immediate
Due to myocarditis	10 years
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Baw M. D. or other
Address Frederick, Md Date signed 8.13.39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 136

95-E

07977

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural - Urbana
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural - Urbana
(If outside city or town limits, write RURAL and give town)
(d) Street No. near Urbana, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles William Hartman

3 (b) If veteran, name war None
3 (c) Social Security No. None

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Florence Hartman
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19-1871

8. AGE: Years 68 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Frederick County, Md.
(Town, county, and state)
10. Usual occupation B. & O. Fireman
11. Industry or business B. & O. R. R.

FATHER
12. Name Harry Hartman
13. Birthplace Frederick County, Md.

MOTHER
14. Maiden Name Catherine Monrad
15. Birthplace Frederick County, Md.

16 (a) Informant Mrs. Lillie O'Brian
(b) Address Frederick Junction, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-39 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) Sept 2-39 (Date rec'd by registrar) (b) G. O. Hindrickson Registrar

MEDICAL CERTIFICATION

20. Date of death August 31, 1939 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11 1939, to ~~8-31~~ 4-14 1939, and that I last saw him alive on ~~4-14~~ 8-31 1939.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerotic cardio-vascular disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: One half hour

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Conley, M. D. or other
Address Fred Md. Date signed 9-11-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07978

(184)

Reg. Dist. No. 135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Wolfsville Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Wolfsville Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oscar Lee Hayes Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1925

8. AGE: Years	Months	Days	If less than one day
14	2	26	hrs. min.

9. Birthplace Wolfsville Md (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Oscar Lee Hayes

13. Birthplace Wolfsville, Md.

MOTHER 14. Maiden name Lizzie R. Langman

15. Birthplace Wolfsville, Md.

16. Informant Oscar Lee Hayes

Address Wolfsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 2, 1939 (month) (day) (year)

Cemetery or crematory Cemetery Lutheran

Location Wolfsville, Md.

18. Funeral director Bladhill & Co.

Address Middletown, Md.

19. Sept. 2 1939 (Date rec'd by registrar) Charles L. Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1939, at 7.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] dead alive on Aug 30 1939.

Immediate cause of death Hemorrhage — DURATION

Due to Bullet shot in left chest — penetrating the heart — immediate

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 30 39

Where did injury occur? Frederick Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE P. W. Baer M. D. or other

Address Frederick Md Date signed 8-31-39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07979

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 232 Dill ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) ____
(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Dill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dizzie Belle Heltzell

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Calvin Heltzell

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 3-1864

8. AGE: Years 74 | Months 8 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Bedford Co. Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Moses
13. Birthplace Bedford Co. Pa.

MOTHER
14. Maiden Name Elmira Blackburn
15. Birthplace Bedford Co. Pa.

16 (a) Informant Mrs. Chas Herman
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11/39 (month) (day) (year)
(c) Cemetery or crematory St Paul's Cem
Location Bedford Pa.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md

19 (a) 10-Aug 1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 8 1939 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 8 1939, and that I last saw him alive on Aug 8 1939

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arterio Sclerosis	3
Due to —	1
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury —

23. Signature E. P. Thomas
M. D. or other
Address Frederick Md Date signed Aug 9-39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

(23)

CERTIFICATE OF DEATH

07980

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 5mo. 3days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1812 Barclay Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Robert Hodson

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1908

8. AGE: Years 30 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace New York, New York
(Town, county, and state)

10. Usual occupation Stock picker

11. Industry or business

FATHER
12. Name Claude Thomas Hodson
13. Birthplace England

MOTHER
14. Maiden Name Mary Elizabeth Kratz
15. Birthplace Maryland

16 (a) Informant Robert Hodson
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Shaifler
(b) Address Baltimore, Md.

19 (a) 8/4/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 4 1939, at 4:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9 1937, to Aug. 4 1939, and that I last saw him alive on Aug. 4 1939.

	Duration
Immediate cause of death Pulmonary tuberculosis	2½ yrs.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous empyema (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D.
M. D. or other

Address State Sanatorium md Date signed 8/4/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick R. F. D. #3 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 75yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick R. F. D. #3 (If outside city or town limits, write RURAL and give town)

(d) Street No. Nr. Charlesville (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Annie Elizabeth Holtz

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
None	None	Female	White	Married

6 (b) Name of husband ~~or wife~~ William H. Holtz

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) August 21, 1863

8. AGE: Years	Months	Days	If less than one day
75	11	17	____ hr. ____ min.

9. Birthplace Nr. Charlesville-Fred'k Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name George Angleberger

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden Name Elizabeth Wachter

15. Birthplace Frederick County Maryland

16 (a) Informant Miss Valleta Holtz

(b) Address Frederick, Md. R. F. D. #3

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/10/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Zion Reformed Cemetery

Location Charlesville

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 9-Aug-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death August 8th, 1939 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Aug 8 1939, and that I last saw him alive on Aug 7 1939

	Duration
Immediate cause of death Cerebral Hemorrhage	48 Hrs
Due to Arterio Sclerosis	5 Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or Other

Address Frederick, Md. Date signed Aug 8th 1939

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

CERTIFICATE OF DEATH (93-d)

07982

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Friendship
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Mount Pleasant - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. near Friendship
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Elmer L Houck

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 11 1871

8. AGE: Years 68 | Months 5 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jacob R Houck
13. Birthplace W Va

MOTHER 14. Maiden Name Mary Jane Houck
15. Birthplace W Va

16 (a) Informant Jesse Anders
(b) Address Union Bridge Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof Aug 3, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Hope Cem
Location Woodsboro Md

18 (a) Funeral director D D Hafner & Son
(b) Address Union Bridge Md

19 (a) Aug 7 1939 (Date rec'd by registrar) (b) W A Eichelberger Registrar

MEDICAL CERTIFICATION

20. Date of death 8-1- 1939, at 11 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1- 1939, to 8-1- 1939 and that I last saw him alive on 8-1- 1939.

Immediate cause of death	Duration
Heat Prostration	2 hrs
Due to Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work?
(e) Means of injury

23. **Signature** J. N. Legg M. D. or other
Address Union Bridge Date signed 8-2-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

07983

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 16 days.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 West 6th. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Madeline Jones.

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race Colored

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ married.

6 (b) Name of husband ~~or wife~~ Martin Jones

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1905

8. AGE: Years 33 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name Wm Brown

13. Birthplace Md

MOTHER

14. Maiden Name Julia Hill

15. Birthplace Md.

16 (a) Informant Miss Adelsberger, Emergency

(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8 (month) 26 (day) 39 (year)

(c) Cemetery ~~or crematory~~ Fairview Cemetery.

Location near Frederick

18 (a) Funeral director Conrad Funeral Home

(b) Address Frederick Md. R.M. Conrad.

19 (a) 25-Aug-39 (Date rec'd by registrar) (b) J. M. Cleary Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 24 1939, at 5 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to Aug 25 1939 and that I last saw her alive on Aug 24 1939

Immediate cause of death Pulmonary T.B.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Years?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick Md Date signed 8/25/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Thomas

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 131

07984

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital, or institution.~~ 101 Jefferson St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Millard Fillmore Deaton

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married
6 (b) Name of ~~husband~~, or wife: Hattie E. D.
6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Mch 16 - 1856

8. AGE: Years 83 | Months 6 | Days 3 | If less than one day ——— hr. ——— min.

9. Birthplace Frederick County
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business Farmer

FATHER
12. Name David Deaton
13. Birthplace Frdk Co. Md.

MOTHER
14. Maiden Name Margaret R. Hagen
15. Birthplace Frederick Co. Md.

16 (a) Informant Mark Deaton
(b) Address Frederick Md.

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof Aug 22/39
(month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Olivet
Location Frederick Md

18 (a) Funeral director C. E. Olivia & Son
(b) Address Frederick Md.

19 (a) 21-Aug 39
(Date rec'd by registrar)
(b) [signature]
Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 20 1939, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1939, to Aug 20 1939, and that I last saw him alive on August 20 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick Md Date signed 8/21/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

(106a)

Reg. Dist. No. 138

07985

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural near New Boonsboro (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1 week

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Susan Hillery Lee

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. T. W. Lee

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-57

8. **AGE:** Years: 82 | Months: 0 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Frank Ball
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Lydia Ellen Smith
15. Birthplace: Carroll Co. Md

16 (a) Informant: Miss Ella Lee
(b) Address: Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11/39 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Md

18 (a) Funeral director: C. E. Eline & Son
(b) Address: Frederick Md

19 (a) Aug. 10-39 (Date rec'd by registrar) (b) Lucian F. Salomon Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 9 1939, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1939, to Aug 9 1939
and that I last saw him alive on Aug 3 1939.

Immediate cause of death: Acute Bronchitis — Duration: 7 days
Due to: Acute Bronchitis
Due to:
Other conditions: Arteriosclerosis — 10 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

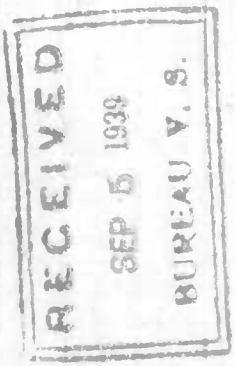
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Ernest P. Rapp, M.D. (M. D. or other)
Address New Market, Md Date signed Aug 10/39

Roop

Falconer



MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07986

1. PLACE OF DEATH:
(a) County Frederick.
(b) City or town State Sanatorium.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo 17Days
(e) Length of stay in this community (yrs., mos., or days) 1mo 17 Days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Lavender Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Luby

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophia Luby

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) August 3 1881

8. AGE: Years 58 | Months 0 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace Baltimore. Maryland.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Thomas Luby
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth B. Cleary
15. Birthplace Baltimore. Md.

16 (a) Informant William Luby
(b) Address Baltimore. Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood, Cem.
Location Baltimore. Maryland.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 8-17-39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death August 13 19 39 at 4.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 19 39, to Aug 13 19 39, and that I last saw him alive on Aug 12 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	14 mos.
Due to Tubercle Bacilli	
Due to	
Other conditions Tuberculous Enteritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M.D. or other)
Address State Sanatorium md. Date signed 8/13/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07987

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. Schnauffer Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Walter Mann If U. S. Veteran, specify WAR

(a) Residence: No. 409 Walnut St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Dora Mann

6. DATE OF BIRTH (month, day, and year) March 27 1870

7. AGE Years 69 Months 4 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Jan 25, 1934

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Loudoun Co., Virginia

FATHER

13. NAME John S. Mann

14. BIRTHPLACE (city or town) (State or country) Loudoun Co, Va.

MOTHER

15. MAIDEN NAME Mary C Bartlett

16. BIRTHPLACE (city or town) (State or country) Loudoun Co, Va.

17. INFORMANT Mrs. Dora Mann (Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Charles Town, W. Va. Date Aug 19, 1939

19. UNDERTAKER Jesse S. Dailey (Address) Brunswick, Md.

20. FILED Aug 18, 1939 Wm H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 15, 1939

I last saw him alive on Aug 15, 1939; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Coronary occlusion ?

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Schnauffer M.D.

(Address) Brunswick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

CERTIFICATE OF DEATH

82-52

07988

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Walnut St., (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Abbie McKnight

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Luther B. McKnight

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 11, 1875

8. AGE: Years 64 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Near Jefferson, Md. Fred. Co. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Shores
13. Birthplace Nr. Jefferson, Md.

MOTHER
14. Maiden Name Susan Cook,
15. Birthplace Nr. Jefferson, Md.

16 (a) Informant Mr. John McKnight,
(b) Address Brunswick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/39 (month) (day) (year)
(c) Cemetery or crematory St. Pauls,
Location Point of Rocks, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) Aug 7 1939 (Date rec'd by registrar) (b) Emma H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 5th., 1939, at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1939, to Aug 5 1939, and that I last saw him alive on Aug 4 1939

Immediate cause of death: Cerebral Hemorrhage — Duration 24 hrs

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Schaeffer M. D. or other

Address Brunswick, Md. Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (167)

Reg. Dist. No. 144

07989

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Nr. Hansonville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Manor Inn Beer Tavern

(d) Length of stay in hospital or inst. (yrs., mos., or days) -----

(e) Length of stay in this community (yrs., mos., or days) 1yr. 6mo

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Rural --Hansonville
(If outside city or town limits, write RURAL and give town)

(d) Street No. Manor Inn Beer Tavern
(If rural give location)

(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME George Thomas ~~Kehrl~~ Mehrling

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mammie N. Heffner

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 4, 1886

8. AGE: Years	Months	Days	If less than one day
53	2	27	----hr. ----min.

9. Birthplace Frederick, County, Md.
(Town, county, and state)

10. Usual occupation Tavern proprietor

11. Industry or business Beer Garden operator

FATHER
12. Name John Mehrling
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace 33333 ~~Germany~~

16 (a) Informant wife Mammie N. Heffner Mehrling
(b) Address Hansonville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick, Maryland

18 (a) Funeral director Harry E. Carty Co.

(b) Address Frederick, Md.

19 (a) Aug. 2, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 1, 1939, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from ----- 19---, to ----- 19---, and that I last saw him alive on dead Aug 1 1939.

Immediate cause of death	Duration
Gun shot wound by chest (Heart blown to pieces)	Immediate
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence Aug 1 39

(c) Where did injury occur? Fred. Co
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)

(e) Means of injury 16 gauge shot gun

23. Signature ----- M. D. or other

Address Frederick Date signed 8-2-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

07990

CERTIFICATE OF DEATH

(7)

1. PLACE OF DEATH:
(a) County Frederick.
(b) City or town Thurmont - Rural.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 1-4-6

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. South of Thurmont
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Francis Margarete Miller.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 6, 1938

8. AGE: Years 1 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Catoctin, Fred. Co. Md.
(Town, county, and state)

10. Usual occupation
11. Industry or business

FATHER
12. Name Martin L. Miller.
13. Birthplace Catoctin, Md

MOTHER
14. Maiden Name Ida Grushon.
15. Birthplace Thurmont Md

16 (a) Informant Martin L. Miller.
(b) Address Thurmont Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug 24/39 (month) (day) (year)
(c) Cemetery or crematory United Brethren
Location Thurmont Md.

18 (a) Funeral director M. L. Creagerstown
(b) Address Thurmont Md.

19 (a) Aug. 23, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death August 22 1939, at 1 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/8" 1939, to 8/21" 1939, and that I last saw him alive on 8/21" 1939.

Immediate cause of death	Duration
Orbital Hemorrhage	1 wks
Due to Measles	1 week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Morris A. Bucy MD
M. D. or other
Address Thurmont Md Date signed 8/23/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (113) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07991

1. PLACE OF DEATH:
(a) County Frederick.
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 E. Patrick
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Pauline Margaret Miller

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Child

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1939

8. AGE: Years — Months 2 Days 13 If less than one day ——— hr. ——— min.

9. Birthplace Frederick
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Kohlman M. Miller
13. Birthplace Westminster Md

MOTHER 14. Maiden Name Margaret Brightwell
15. Birthplace Frederick Md.

16 (a) Informant Mrs. Kohlman Miller
(b) Address Frederick Md

17 (a) Burial (Burial, ~~Cremation, or Removal~~) (b) Date thereof Aug 11 /39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Eline & Son
(b) Address Frederick Md

19 (a) 11-Aug-1939 (Date rec'd by registrar) (b) Geo. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 10 1939 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1939, to Aug 10 1939
and that I last saw him alive on Aug 10 1939

Immediate cause of death	Duration
Cholera Infantum	2 Da.
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Thurston M. D. or other
Address Frederick Md Date signed 11-Aug-1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

93-d

CERTIFICATE OF DEATH

0799

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 243 S. Market St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 65yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 243 S. Market St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Allen Eugene Moberly

3 (b) If veteran, name war: None

3 (c) Social Security No. 214 - 10- 1723

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of ~~husband~~ or wife Sceany M. Bell

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) December 30, 1873

8. AGE: Years 65 | Months 7 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Brush Maker

11. Industry or business Ox Fiber Brush Company

FATHER

12. Name Lewis Moberly

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Catherine Shriner

15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. Allen E. Moberly

(b) Address 243 S. Market St. Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/25/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 23-Aug 39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death August 22, 1939 at 11.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1939, to 8/22 1939, and that I last saw him alive on 8/22 1939.

	Duration
Immediate cause of death Myocardial Infarction	3 days
Due to Hypertension	
Due to Obesity	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** _____ M. D. or other

Address Frederick, Md. Date signed 8/23/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07993

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 4mo. 10days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Washington

(c) City or town: Hagerstown
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1066 S. Potomac Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: William H. Mowen

3 (b) If veteran, name war: _____

3 (c) Social Security No.: 214-09-8785

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myrtle Mowen

6. (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1890

8. AGE: Years: 48 | Months: 8 | Days: 24 | If less than one day: _____ hr. _____ min.

9. Birthplace: Mercersburg, Franklin Co, Pa.
(Town, county, and state)

10. Usual occupation: Warehouse man

11. Industry or business: _____

FATHER

12. Name: David Mowen

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Sally Studebaker

15. Birthplace: Unknown

16 (a) Informant: William H. Mowen

(b) Address: Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 12 1939 (month) (day) (year)

(c) Cemetery or crematory _____

Location: Mercersburg. Penna.

18 (a) Funeral director: William E. Bast & Son

(b) Address: Boonsboro, Md.

19 (a) 8/9/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death: August 9 1939, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 1939, to Aug. 9 1939, and that I last saw him alive on Aug. 8 1939.

	Duration
Immediate cause of death: Pulmonary tuberculosis	10 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium md. Date signed 8/9/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07994

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 12 10 Am to 12 50 Am 8-6-39
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Patrick Court Blg. Apts.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harry Robert Newcomer

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 29-1885
8. AGE: Years 53 Months 11 Days 7 If less than one day hrs. min.
9. Birthplace Graceham, Frederick Co., Md. (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business G.L.Baking Co.
FATHER 12. Name Tobias Newcomer
13. Birthplace Maryland
MOTHER 14. Maiden name Sarah Troxell
15. Birthplace Maryland
16. Informant Mr. Allen J. Troxell
Address 602 Trail Ave., Frederick, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8, 1939 (month) (day) (year)
Cemetery or cremetery Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland
19. 7-Aug 1939 (Date rec'd by registrar) J. W. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1939, at 12 50 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5 1939, to Aug 6 1939, and that I last saw him alive on Aug 6 1939.
Immediate cause of death Coronary Thrombosis
Due to
Due to Sudden Death
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 1-Pm.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Laurence Fahney M.D. M.D. or other
Address Frederick Md. Date signed 8-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07995

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2mo. 25days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1706 McKean Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Alberta Payne

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Payne

6. (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): June 7, 1890

8. **AGE:** Years: 49 | Months: 1 | Days: 24 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: William Petzold

13. Birthplace: Baltimore, Maryland

MOTHER

14. Maiden Name: Elizabeth Harle

15. Birthplace: Baltimore, Maryland

16 (a) Informant: Alberta Payne

(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1939 (month) (day) (year)

(c) Cemetery or crematory: unknown

Location: Balto Md

18 (a) Funeral director: Duward Covington

(b) Address: Baltimore, Md.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: August 1 19 39, at 12:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 19 39, to Aug. 1 19 39, and that I last saw him alive on July 31 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis	1yr. 2mo.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. **Signature**: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium md Date signed 8/1/39

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 1

CERTIFICATE OF DEATH

07996

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days) XX yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 341 N. Patrick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Elmer W. Pickett

3 (b) If veteran, name war: None

3 (c) Social Security No. 217-10-9451

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Alice Abrecht Pickett

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 12-1917

8. **AGE:** Years 77 | Months 3 | Days 30 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual occupation Bookkeeper and Clerk

11. Industry or business Grocery business

FATHER
12. Name Roy S. Pickett
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Ethel Mottern
15. Birthplace Jefferson Md.

16 (a) Informant Alice Abrecht Pickett
(b) Address Frederick, Md.

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof Aug. 14-1939
(month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick Md.

19 (a) 12-Aug 39 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death July 11th 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25th 39 to Aug 11 1939 and that I last saw him alive on Aug 11th 1939

Immediate cause of death	Duration
Typhoid Fever	3 weeks
Due to Secretary of	
Due to Bronchitis	5 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Frank H. Hedges M. D. or other

Address Frederick Date signed July 12th 1939

Wm. Hedges

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07997

(137)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 132

Village or City Middletown Rural No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 24 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert S. Remsburg If U. S. Veteran, specify WAR No.

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Clara E. Remsburg

6. DATE OF BIRTH (month, day, and year) Sept 25, 1861

7. AGE: Years 77 Months 10 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ~~56~~ 1939 May

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Middletown, Md.

FATHER

13. NAME J. Harmon Remsburg

14. BIRTHPLACE (city or town) (State or country) Middletown Md.

MOTHER

15. MAIDEN NAME Mary Lighter

16. BIRTHPLACE (city or town) (State or country) Middletown. Md.

17. INFORMANT (Address) Charles Remsburg. Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Reform Cem Date Aug 21, 1939

19. UNDERTAKER (Address) Bladhill Co. Middletown. Md.

20. FILED Aug. 21, 1939 D. Grayson Sanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 19, 1939

I last saw him alive on Aug 19, 1939; death is said to have occurred on the date stated above, at 9:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cholecystitis acute with	8/12/39
perforation	8/16/39
Uremia	8/17/39

Other Contributory Causes of Importance:

Arteriosclerotic Heart Disease	1933
Benign Prostatic Hypertrophy	1937

Name of operation Prostatectomy Date of 8/7/12

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Richard H. Todd M. D.

(Address) Middletown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
SEP 6 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07998

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Nr. Frederick, R. F. D.#2 (If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick R. F. D. #2 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** John ~~Keefer~~ Renn III.

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 31, 1926

8. AGE: Years 13 | Months 6 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Student

11. Industry or business Public School

FATHER

12. Name John H. Renn

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Ida Keefer

15. Birthplace Frederick County Maryland

16 (a) Informant Mr. John H. Renn

(b) Address R.F.D.#2, Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 22-Aug-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death August 21st, 1939 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Aug 21 1939, and that I last saw him alive on Aug 21 1939.

	Duration
Immediate cause of death Acute Tetanus	3 days
Due to ____	
Due to Slight puncture rt. hand 7 days duration	7 days
Other conditions ____	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. **Signature** A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 8/21/39

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07999

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 313 Dill Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 56 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Dill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** John Smith Renn,

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced.~~: Married

6 (b) Name of ~~husband~~ or wife: Elmira E. Coblentz
6. (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): October 28, 1869

8. AGE: Years: 69 | Months: 9 | Days: 14 | If less than one day: ____ hr. ____ min.

9. Birthplace: Frederick County Maryland (Town, county, and state)
10. Usual occupation: Stock Dealer
11. Industry or business

FATHER
12. Name: John L. Renn
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden Name: Charlotte Brunner
15. Birthplace: Frederick County Maryland

16 (a) Informant: Mrs. John S. Renn,
(b) Address: 313 Dill Ave., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/39 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 14-Aug-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death August 12th 1939 at 9:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 12 1939, and that I last saw him alive on Aug 12 1939.

	Duration
Immediate cause of death: Coronary Thrombosis	6 hrs
Due to: —	
Due to: —	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury: —

23. Signature E P Thomas M. D. or other
Address Frederick, Maryland Date signed 8/13/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1939
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C)

Reg. Dist. No. 131

08080

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick, City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min.

(e) Length of stay in this community (yrs., mos., or days) 60yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or~~ town Pleasant Hill, R.D. Fred., Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** John Lawrence Rothenhoefer

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~.
male	white	widower

6 (b) Name of ~~husband~~ or wife Mary E. Twenty

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 30, 1869

8. AGE: Years	Months	Days	If less than one day
70	2	15	_____hr. _____min.

9. Birthplace Sabillasville, Fred., Maryland
(Town, county, and state)

10. Usual occupation Laborer & Farmer

11. Industry or business

FATHER
12. Name John L. Rothenhoefer,
13. Birthplace Harmony, Maryland.

MOTHER
14. Maiden Name Ann Rebecca Michael,
15. Birthplace Mountain Dale, Md.

16 (a) Informant Mr. John W. Rothenhoefer,
(b) Address Frederick, Md. R. D. 3

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug. 18, 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Brook Hill M. E.
Location Yellow Springs, Md.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 16 Aug 39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death August 15th., 1939, at 7.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1939, to August 15 39, and that I last saw him alive on Aug 13 1939.

Immediate cause of death	Duration
Chronic myocarditis	1 yr.
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature N H Kline M.D.
M. D. or other

Address Frederick, Md. Date signed 8/16/39

RECEIVED
SEP 5 1939
BUREAU V. S.

(G. Kline)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (468) Reg. Dist. No. 134

CERTIFICATE OF DEATH

08001

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., ~~mos., or days~~) 35

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Mattie J. Rowe

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Victor E. Rowe

6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1866

8. AGE: Years 72 | Months 9 | Days 23 | If less than one day ____hr. ____min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bush
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Victor E. Rowe
(b) Address Emmitsburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. View
Location Emmitsburg, Md.

18 (a) Funeral director S. L. Allison
(b) Address Emmitsburg, Md.

19 (a) Aug 24 1939 (Date rec'd by registrar) (b) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 24 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 39, to Aug 24 1939, and that I last saw him alive on Aug 24 1939.

Immediate cause of death: Carcinoma Stomach — Duration 3 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Castle M.D. (M. D. or other)
Address Emmitsburg Date signed 8/24/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1929
BUREAU V. S.

08002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH:

County Frederick

City or town Dickerson, (Rural-R.F.D.#1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 67

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Fred.

City or town Dickerson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Sears

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Victoria Sears

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 3-1872

8. AGE: Years 67 Months 4 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace Frederick County, Md (Town, county, and state)

10. Usual occupation Telegraph operator

11. Industry or business

FATHER 12. Name William T. Sears

13. Birthplace Maryland

MOTHER 14. Maiden name Sara Jane Nichols

15. Birthplace Maryland

16. Informant Wm. Linwood Sears

Address Dickerson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 24-39 (month) (day) (year)

Cemetery or crematory Monocacy Cemetery

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md

19. Aug 22 1939 (Date rec'd by registrar) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h 117 ~~alive on~~ dead Aug 21 1939

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION immediate 20 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Baer Deputy medical Examiner M.D. or Chief

Address Frederick, Md Date signed 8.22.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

82-a

08003

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont — Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 68-5-21

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Thurmont — Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1 Mile north of Thurmont
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME John Jackson Shindledecker

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Shindledecker

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 14th 1871

8. AGE: Years	Months	Days	If less than one day
68	4	29	____ hr. ____ min.

9. Birthplace Thurmont Frederick Co MD
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business W P A Work

FATHER

12. Name Manuel Shindledecker

13. Birthplace Penn

MOTHER

14. Maiden Name Josephine Strawsburg

15. Birthplace Penn

16 (a) Informant Mrs. John Shindledecker

(b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1939 (month) (day) (year)

(c) Cemetery or crematory United Brethren

Location Thurmont

18 (a) Funeral director Wilbert L. Creager

(b) Address Thurmont

19 (a) Aug. 14, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death 8/13 1939, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1939, to Aug 13 1939, and that I last saw him alive on 8/12 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	9 hrs.
Due to Chronic arterial Sclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A. Bixler M.D.
M. D. or other

Address Thurmont Md Date signed 8/14/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1939
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

08004

1. PLACE OF DEATH:
(a) County Frederick,
(b) City or town Sanatorium. Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Mo 28Das
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Charles
(c) City or town Mt Victoria.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Alice M. Simpson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife John E. Simpson.

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Sept 29 1870

8. AGE: Years 68 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Charles Co Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John T Harder
13. Birthplace Charles Co Md.

MOTHER
14. Maiden Name Emma Henderson.
15. Birthplace Charles Co. Md.

16 (a) Informant Alice M Simpson.
(b) Address Mt Victoria, Charles Co Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1939 (month) (day) (year)
(c) Cemetery or crematory ____
Location Newberg, Charles Co Md.

18 (a) Funeral director James Goldsmith
(b) Address Waldorf Md.

19 (a) 8/29/39 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death August 27 1939 at 6.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1939, to Aug 27 1939, and that I last saw him alive on Aug. 27 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6mos
Due to Tubercle Bacilli	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart A. Shaffer M.D. M.D. or other
Address State Sanatorium md Date signed 8/27/39

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

(23)

CERTIFICATE OF DEATH

08005

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 4mo. 11days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Washington

(c) City or town: Hagerstown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Otmer B. Smith

3 (b) If veteran, name war: No

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Unknown

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 54 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: Clifton Forge, Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER

12. Name: William Smith

13. Birthplace: Augusta County, Va.

MOTHER

14. Maiden Name: Mary Jane Benson

15. Birthplace: Augusta County, Va.

16 (a) Informant: Otmer B. Smith

(b) Address: Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 3 1939 (month) (day) (year)

(c) Cemetery or crematory: Washington Co. Home

Location: Hagerstown Rte

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Maryland

19 (a) 8/1/39 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death: August 1 19 39 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 19 39, to Aug. 1 19 39, and that I last saw him alive on July 31 19 39.

	Duration
Immediate cause of death: Pulmonary tuberculosis	8 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Stewart S. Shaffer M.D.

Address: State Sanatorium md. (M. D. or other) Date signed: 8/1/39

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

107-a

08006

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or~~ town Buckeystown - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry Calvin Snoots

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1939

8. AGE: Years 0 | Months 0 | Days 4 | If less than one day ____hr. ____min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Albert Lafayette Snoots
13. Birthplace Loudoun County Virginia

MOTHER
14. Maiden Name Mildred Carman Richie
15. Birthplace Lovettsville, Virginia

16 (a) Informant Albert L. Snoots
(b) Address Buckeystown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Union Cemetery
Location Nr. Lovettsville, Va.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 28 Aug 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death August 28th 1939, at 2:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24 1939, to Aug. 28 1939, and that I last saw him alive on Aug. 28 1939.

Immediate cause of death	Duration
Bilateral bronchopneumonia	8/26/39
(Hemolytic Streptococci)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H Conley M. D. or other

Address Buckeystown, Md. Date signed 8/28/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

08007

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County Frederick

City or town Ridgeville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ridgeville, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D. Mt. Airy, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Raymond J. Spurrier

3. (b) Social Security Number 218-07-0446

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name ~~of husband~~ or wife: Velma Spurrier

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.): Aug. 6, 1897

8. AGE: Years 42 | Months 0 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)

10. Usual occupation: Mechanic

11. Industry or business: Auto. Garage

FATHER
12. Name: Jesse G. Spurrier
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary A. Weishaar
15. Birthplace: Maryland

16. Informant: Mrs Velma Spurrier

Address: Mt. Airy, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug. 17, 1939 (month) (day) (year)

Cemetery or crematory: Marvin Chapel

Location: Plane 4, Fred. Co. Md.

18. Funeral director: C. M. Waltz

Address: Winfield Md

19. August 16 1939 (Date rec'd by registrar) Archley R. Molesworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 15 1939, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw him ~~alive~~ dead on Aug 15 1939.

Immediate cause of death: Fracture of skull

~~Due to~~ Shock

~~Due to~~ hemorrhage

Other conditions: Auto. accident

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: immediate / " / "

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 8-15-39

Where did injury occur? Frederick (City or town) Co (County) (State)

Injured at home, farm, industry, public place (where?): State Road

Means of injury: automobile Injured at work? no

23. SIGNATURE: R. W. Barr M. D. or other

Address: Frederick, Md. Date signed 8.16.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 131

08008

CERTIFICATE OF DEATH

VS. A15

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 225 E. 6th St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 225 E 6th St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Roger Kenneth Stone

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Child

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 20 / 1934

8. AGE:

Years	Months	Days	If less than one day
—	—	2	____ hr. ____ min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Glen A. Stone
13. Birthplace Frederick Co Md

MOTHER
14. Maiden Name Annie E. Tracey
15. Birthplace Frederick Md

16 (a) Informant Glen A. Stone
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md

18 (a) Funeral director C. E. Calvin Stone
(b) Address Frederick Md

19 (a) 22-Aug 39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 21st 1939, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Aug 21st 1939, and that I last saw him alive on Aug 20th 1939

Immediate cause of death	Duration
Premature Birth	3 E
Due to 5 months	hours
Due to ____	
Other conditions ____	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Frank H. Hedges M. D. or other 2nd

Address Frederick Date signed Aug 22nd 1939

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

08969

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Near Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: I. O. O. F. Home Rural

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Carroll

(c) ~~City or town~~ Dorsey Cross Road near Elderburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Rural (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: William Ralf Trenwith

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 19, 1865

8. AGE: Years 74 | Months 4 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll County Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name William R. Trenwith

13. Birthplace England

MOTHER 14. Maiden Name Margaret Wolfe

15. Birthplace Cavetown, Washington Co. Md.

16 (a) Informant I. O. O. F. Home Records

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/24/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Wesley Chapel Cem.

Location Nr. Eldersburg Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 23-Aug-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death August 22, 1939 at 6:25P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul. 5 1939, to Aug. 22 1939, and that I last saw him alive on Aug. 22 1939.

	Duration
Immediate cause of death Myocardial Insufficiency	3 years
Due to Mitral Insufficiency	
Due to ____	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 8/23/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08010

(46-E)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Withrow If U.S. Veteran, specify WAR

(a) Residence: No. 415 Walnut St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Withrow

6. DATE OF BIRTH (month, day, and year): Mch 2 1854

7. AGE: Years 85 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W Va

FATHER

13. NAME: Harmon Loar

14. BIRTHPLACE (city or town) (State or country): W Va

MOTHER

15. MAIDEN NAME: Elizabeth Workman

16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT (Address): James Withrow Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Place: Roanoke Va Date: Aug 29, 1939

19. UNDERTAKER (Address): C H Feeter & Bro Brunswick Md

20. FILED: Aug 28, 1939 Mrs H. E. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Aug 27, 1939

I last saw her alive on Aug 25, 1939; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
& Generalized metastases	

Other Contributory Causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Schnaufler M.D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08011

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Rocky Ridge (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: ~~Wood, Thomas Charles~~ Charles David Wood

3. (b) Social Security Number: 218-03-7582

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ or wife: Ethel L. Valentine Wood.

6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Dec. 21st. 1880

8. AGE: Years: 58 | Months: 7 | Days: 20 | If less than one day: ____ hrs. ____ min.

9. Birthplace (Town, county, and state): Rocky Ridge Md

10. Usual occupation: Operator of grain and Feed Elevators

11. Industry or business:

FATHER
12. Name: James A. Wood.
13. Birthplace: Rocky Ridge. Fredk Co. MD

MOTHER
14. Maiden name: Amanda S. Speak
15. Birthplace: Rocky Ridge. Fredk Co. MD

16. Informant: Mrs Ethel L. Wood.
Address: Rocky Ridge MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 14th. 39 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Tabor Cemetary.
Location: Rocky Ridge MD

18. Funeral director: M.L. Creager & Son Thurmont. MD
Address:

19. 12 Aug 39 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1939, at 4:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 1939, to Aug 11 1939, and that I last saw him alive on Aug 11 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Pernicious Anemia	1 mo
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations: —
Ot autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E. P. Thomas M. D. or other
Address: Frederick Md Date signed: Aug 11 39

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SEP 5 1939
BUREAU V. S.